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ABSTRACT

This paper discusses the adaptation of change theory to cross-cultural nursing or more specifically, the adaptation of Haitian and Hispanic mothers to American practices in the health care of pre-school children. The problems proposed are: How does one effect change in human systems? and What strategies and procedures does one apply in attempting to bring about change in human systems? Implicit in these questions is the assumption that knowledge of social-cultural and behavioral variables is important. A review of literature is presented on values, customs, culture and social organizations and health beliefs and practices of cultural groups. The dominant role that religion plays in the lives of Haitians and Hispanics is considered with particular emphasis upon the relationship between the people and their priests or Voodoo/doctors, to whom they look for guidance and healing. Three types of strategies for effecting change in human systems are discussed: (1) the empirical-rational strategies, which are based on the ability of humans to be logical and to reason; (2) the power-coercive approach, which places emphasis on the application of political and economic power; and (3) normative re-educative strategies, which are based upon the commitment to, and internalization of, sociocultural norms on the part of individuals. (JD)

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FOCUS ON HAITIAN AND HISPANIC CULTURES: STRATEGIES FOR HEALTH CARE CHANGES

BY

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FOCUS ON HAITIAN AND HISPANIC CULTURES: STRATEGIES FOR HEALTH CARE CHANGES

BY

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INTRODUCTION

This paper will discuss the adaptation of change theory to cross-cultural nursing. Specifically, the adaptation of Haitian and Hispanic mothers to American health care practices of pre-school children. The problems proposed are: How does one effect change in human systems? What strategies and procedures does one apply in attempting to bring about change in human systems? Implicit in these questions is the assumption that knowledge of socil-cultural and behavioral variables are important.

The focus of planned change, then, is the introduction of knowledge that can be utilized or internalized effectively by the intended client in order to bring about changes in attitudes, values, skills, actions and practices. An awareness of the culture, values, customs and social organizations of a designated group is necessary in order to design strategies for change. An understanding of the client's expectations, behavior and values regarding health care of children must be considered and integrated into the new knowledge if adaptation of new health norms are to be established. Transformation of values, habits and attitudes at the individual level must occur before norms are internalized effictively. Leininger (1978) the pioneer of transcultural nursing, states that culture

is tightly interwoven into the life of man and continually pervades his thinking, actions, feelings, and particularly his state of health (p. 119).

Strategies must be planned in order to effect change because individuals and groups tend not to comply with unsolicited changes. Klein (1985) cites that major changes must be desired by those affected if it is to be accepted (p. 99). Those affected by change should be included in the planning process. However, they seldom are because it complicates the planner's job. For this reason, planners seldom involve clients collaboratively in the planning process. It is too costly, time consuming, frustrating and risky. It has not been demonstrated, at least healthwise, that consumers are academically knowledgeable about effective health planning needs. However, it is believed that whenever feasible, health consumers should be involved collaboratively in the planning process.

Various theories, principles and models have been constructed that are centered around effecting change in human systems. Social scientists, such as Bennis, Benne, Chin, Schon, Argyris and others, emphasize the normative re-educative approach to change. Chin and Benne (1985) postulate that normative re-educative approaches to effecting change bring direct interventions by change agents. These interventions are based on a consciously worked out theory of change and of changing into the life of a client system, be that system a person, a small group, an organization, or a community (p. 32).

The normative re-educative approach is a problem solving process applied for effecting change in human systems. Practical application of the normative re-educative process can be utilized in diagnosing, planning, implementing, evaluating and feedback of approaches that effect change.

The nurse as a change agent should be privy of this knowledge because it allows insight into problem solving deficiencies, testing of alternatives, action decisions and prediction of consequences, thereby increasing professional effectiveness. Argyris and Schon (1974) define this as theories of action. They state, "A theory of action is a theory of deliberate human behavior, which is for the agent a theory of control, but which, when attributed to the agent, also serves to explain or predict his behavior" (p. 6). Theories of action can be utilized as practical tools for effecting change in transcultural nursing. If the nurse is not aware of, and sensitive to sociocultural differences, she will have difficulty integrating cultural changes into established patterns and habits of cultural groups different from her own cultural group.

REVIEW OF LITERATURE

VALUES, CUSTOMS, CULTURE AND SOCIAL ORGANIZATIONS

Cultural Reproduction and Maintenance:

Within the field of anthropology, there are various definitions of culture. Some anthropologists stress the material manifestations of culture, such as art, dress, food, etc. Some anthropologists delineate its historical development. Some focus on models of social relationships between individuals and groups; still others center their attention on the functions and interrelationships of institutions, such as education, politics and economics. Several authors quote or refer to Clifford Geertz's definition of culture, i.e., a set of symbols that establish basic and powerful moods and motivations that formulate a conception of the order of existance.

These shared symbols constitute what a group of people agree to be "reality" (Bauwens, 1978, p. 153; Hansen, 1979, p. 3).

These 'realities' are produced, reproduced, and legitamized by the dominant culture or class in the societal system. Social scientists such as Pierre Bourdieu, Jean Claude Passeron, Basil Bernstein and Rita Roth have investigated the relationship between culture, class and domination. Pedagogic influence was found to be instrumental in the reproduction of culture through the legitimization of ideologies of the hegemonic society; that is, children learn from their families sets of meanings, qualities of life, modes of thinking and types of dispositions that are given a specific social value (meritocracy) and status by the dominant class or classes. In some cultures, the physician may be given a specific social value; in others, it may be the witch doctor, curandero, spiritualist, or santero.

Schools legitimize certain forms of education, such as ways of speaking, relating or mannerisms, and interaction with the environment. In so doing, schools legitimize ideologies of the dominant class or culture. Those students who demonstrate characteristics and skills of the dominant class are more acceptable in the educational and social system. In one culture, the process of education may involve mechanical procedures, rote behavior and responses, and very little decision making or choice by the students. In another culture, the process may be to develop the student's analytical and intellectual abilities, encouraging independence and decision making choices. Though each culture is different in its expectations of student behavior, each has legitimized the reproduction of the dominant classes' ideology. Roth (1984) concurs that schools, acting as agents for the culture, control the extent to which personal knowledge may enter into the public knowledge of the school

curriculum. This enables the school to have a direct influence upon cultural continuity and change. In selecting what to teach and how it is to be taught and evaluated, schools reaffirm what the culture values as knowledge. This 'valid' knowledge provides the "cultural capital" which works towards reestablishing dominant social groups (p. 130).

Values, Customs and Health Habits:

Culture is learned behavior and is reproduced by transmission to each successive generation by the pedagogic system (family and schools) in society. However, there are significant differences among and between cultures in attitudes, interests, goals and beliefs. No two cultures are exactly alike, but they possess similarities, material (art, food, etc.) and nonmaterial components (values, beliefs, etc.). The extrinsic and intrinsic characteristics of material and non-material components of a group determines their specific culture. Musgrove (1982) explains culture as the customs of a group of people. The culture of one group may include polygamy, female circumcision, and ancestral worship; of another, pidgeon racing, monogamy and infant baptism. A society is people, a culture is their customs, which are usually highly interdependent and mutually supportive. They form a fairly coherent pattern. Customs usually entail rules and prohibitions and imply and embody values. Thus, the bride-price in Africa is often prescribed, regulated by rules, and implies a high valuation of women. Wives for whom no bride-price has been paid, for instance, in a Christian marriage may upbraid their husbands for holding them cheap .

The beliefs and cultural values of an ethnic group of people will also determine its beliefs and practices about illness and medical supervision. They view their ways or habits of obtaining care for illness as normal and

correct, and important for survival. They have internalized norms in response to specific symptoms of illness. It is the way they do things. This is called 'Folkways'. When Folkways are practiced and closely adhered to because of its relationship to survival of the group, it is referred to as 'mores'. Certain health mores are practiced because it is believed that they are beneficial for good health and survival of the group. Religious beliefs and mores support the cultural values of a group, and directly influence health practices. Henderson and Primeaux (1981) concur that a person's view of the world largely determines his or her beliefs about disease and appropriate treatment. If a religious belief is that disease is the result of supernatural forces, then, the cure is achieved by successfully appealing to supernatural forces (p. 60). If the belief is magic, then, the cure is achieved by sorcery.

How each cultural group views the relationship between man, the environment and the supernatural will determine his beliefs and practices about health care. In adapting to his environment, man attempts to maintain optimal health through the utilization of resources in the environment. The utilization of these resources adhere to cultural traditions based on knowledge and beliefs that have evolved and have been legitimztized by the dominant culture. Basic to most cultural ideologies is the holistic view of harmony among the person, earth and the universe. This is confirmed by Brunch and Paxton (1976) who found that the body of knowledge that determines the cultural traditions is the result of explorations into the physical and spiritual relationships between people, nature, and the universe. Belief systems for the practice of this knowledge have been developed by

each cultural group. Basic to most of these belief systems is the holistic view that there is harmony among the Triad, that is, the person, the earth, and the universe. A disruption of this harmony creates an imbalance which may result in illness of mind, body or spirit, or which may cause other disasters which affect the person. It follows then that healing or the reestablishment of harmony dictates an approach which is inclusive of the Triad: the person, the earth, and the universe (pp. 39-40).

Emile Durkheim, in his book, The Elementary Forms of the Religious Life, discusses the cultural beliefs, relationships and interactions between the Triad and its diversity among and between different cultural groups. He writes that Judaeo Christian religious beliefs about the Triad is of a heirarchical order, the supernatural (God, the universe) is above man, and man is above nature (environment). The individual or group supplicate or prays to God for a favor. The supernatural (God, the universe) is above man, and man is above nature (environment). The supernatural (God) provides nature (environment) for man to exploit. Examples of Judaeo Christian religious beliefs about the Triad is one of equilibrium. The Triad must be in equilibrium or balance, among man, gods and nature. The balance is maintained by the performance of acts (ceremonies) with moral content. Man, nature, and the supernatural are entities of more or less equal power and importance. It is both moral and manipulative. Man cares about nature and gods; nature cares about man and the gods; and the gods care about man and nature. It is a man's duty to pray, sing and dance. When he does so, the gods and nature must respond by providing his environmental needs, improving the health of an individual or removing an evil spell. Practicing this philosophy are the American Hopi and Zuni Indians.

Some cultural groups utilize combinations of Judaeo and non-Judaeo Christian religious practices, supplicative and manipulative. These groups are usually subcultures within other cultures. Examples are the Lacumi subcultures in Cuba and Haiti. They conduct Santeria, Voodoo and Black Magic religious ceremonies, yet they also practice Catholicism. The acculturation process in both countries contributed to the evolution of the Lucumi subculture. African slaves in both countries internalized the religious norms of the dominant cultures, Spanish and French, but maintained their non-Judaeo religious rituals.

Health professionals must become aware of the health beliefs and practices of cultural groups with whom they provide health care. This concept helps to promote knowledge, respect, rapport and sensitivity to ethnic groups that are different from the health provider or providers. Awareness of the client group's culture alters cultural shock for the health care provider. Sensitivity and awareness facilitate an environment for problem solving, and optimum care to ethnic clients.

Scott, a social anthropologist, investigated health beliefs and practices among five ethnic groups at the University of Miami, Miami, Florida. The investigation occured over a four year period with the following ethnic groups: Bahamians, Cubans, Haitians, Puerto Ricans and low socio-economical Blacks. She concludes that unorthodox health therapies will continue among ethnic groups in the United States. These therapies must be recognized and respected in order to create relevence and acceptance by ethnic groups of the orthodox scientific medical system. By so doing, trust and rapport can be established to produce a better acceptance of the orthodox medical system in the future. Scott suggests the following as some practical measures which health personnel might find

immediately helpful in providing better health care to ethnic populations:

1. Gain knowledge of the health beliefs and practices of local ethnic groups.
2. Respect the fact that these beliefs and therapies, although perhaps running counter to the scientific medical systems, have survived in these populations for generations and may indeed be measurably effective. To try to change a deeply rooted health belief either by ridicule or by treating it as unscientific may not only fail but may also alienate the patient.
3. Use a treatment plan which shows understanding and respect for the patient's beliefs and which builds on these in a positive way.

The plan for effecting change in the home health care of pre-school children is centered around Haitians and Hispanic families in this paper. Therefore, health beliefs and practices of those groups will be discussed.

Haitians

The Haitian (low socio-economic level) religion is Voodoo or Voudoun (spelled both ways in the literature), a combined religious system derived from African beliefs and Frenth Catholicism. It represents a subculture within a culture. However, it permeates the total social structure of Haiti. It is the impetus behind all social, political, religious and economic events. The coping mechanism for individuals and groups, Voodoo is a belief system that represents symbiotic interdependence of humans and spirits. There is an existing relationship among God, spirits and humans. A hierarchical structural system exists where God is believed to be the Creator of the Universe and has the power to reward or to punish both spirits and humans. Spirits are very important and take on human

qualities, and are a part of a stratified system. Some are more powerful than others, depending on their role and status in the government of God; imitating the hierarchical structure of Haitian social system. They have names symbolizing their personalities, and relate to humans in a protective or punative manner. Some have a genealogical or historical background, others a geographical background. The spirits punish or protect relatives or territorial boundaries (churches, seas, crossroads, cemetaries, etc.). Laguerre (1980) confirms, "Behaving like humans, spirits develop adaptive strategies through group alliances to protect their domains and their devotees" (pp. 181-182). Humans consider spirits to be members of the human family. Therefore, spirits are respected, cared for, and requested to protect humans. Ceremonial rites in the form of dancing, singing, praying and sacrificial offerings are means of caring for, or manipulating the spirits. Laguerre (1980) states, "Spirits and humans are seen to develop adaptive strategies to meet each other's expectations" (p. 14).

The leader of the Voodoo religion is a priest and/or doctor in Haiti, and is called a Hougan. His equivalence in the United States would be a Catholic priest or physician. Again, it needs to be pointed out that Haiti in this paper refers to the mass of low socio-economic people in Haiti. The small upper and middle classes are predominently of the Catholic faith, and utilize the orthodox medical system. The Hougan is in the upper level of Haitian social hierarchy as an authority figure, and is to be respected. He is expected to be wise, have a knowledge of many things, religious, medical, political and practical (farming, building, marketing, etc.). He is trained and takes an apprenticeship under an established renowned Hougan. He is viewed as the leader and father of his parish. Derein (1953) explains that the Hougan must show, both in the management of his own

personal affairs, and in the advice which he gives others, that he "knows" about life. This knowledge covers all provinces of the secular and includes the economic and political spheres. Houngan is expected to know how to do things, many things. In fact, he is expected to know all the things which a full life experience would have taught a father; how the gate should be repaired, where the bridge should cross the river if it is built; which cow is likely to give good milk, why it is best to plant peanuts this season (because there will be a shortage and the price will rise), what percentage of real cement should be mixed with the sand so that a wall will not soon crumble, where to buy what and least expensively, how to write for his largely illiterate parish, etc. (pp. 159-160).

The Houngan must also display social graces, and be politically astute. His responsibilities include receiving governmental officials, though Voodoo is "outlawed" by the government, receive visitors and serve refreshments. Politically he gets favors for his parrish which assures the politicians of his support. He cannot conduct religious ceremonies without permission from the police. Therefore, Haitians resist orthodox medical supervision. The Houngan is intimately involved in their beliefs about spirits and their human qualities. Spirits heal with the aid of the Houngan. Illnesses are viewed as sorcery, punishment for some deed, and can only be relieved by someone that can communicate with the spirits. For this reason, Haitians pray, sing, dance and present sacrificial offerings to spirits or deities instead of God.

Haitians will first try folk medicine for illness. If unsuccessful, they will consult the Houngan. He will attempt to determine if the illness is of physical or supernatural origin. If it is physical, he may attempt to treat it by summoning his spirit or deity from a sacred vessel in which

spirits of the dead are lodged. If he determines that the illness is beyond his resources, he will recommend orthodox medical supervision. He wants to maintain his reputation as being a successful Hougan. He does not want the reputation of being a failure. He himself gets orthodox medical and dental treatment when it is needed. Yet, the Haitian people trust and believe in him because of his status in Voodooism and their religious beliefs, They expect positive results from the Hougans. They expect to be cured right away. Derain (1953) points out, "When he pays the Hougan, he not only gives money, but also buys a control, a right to demand and expect that he will get his money's worth" (p. 163).

The Hougan is very successful with psychosomatic illnesses. His job is to diagnose the cause of the illness, such as black magic or disrespect for one's deity. He prescribes and supervises the treatment,but the client executes the treatment, such as performing special songs, dances or ceremonial rituals. The client's ancestral deity and/or other African spritis are involved in the cure.

Voodoo, rich with mythology and folklore, even have deities and spirits that protect children. They are twins, called 'Marasa', protectors of children. There are various songs sung by Voodoo church congregations when calling upon Marasa for protection or punishment, for she protects more than just children. There are various catagories of the Marasa myth. But, basically, they are twins who died early in childhood. However, their spirits are alive. They are innocent and playful. When they appear, they must be fed because as children, they are always hungry. An example of songs sung for Masasa to appear is as follows:

We are the twin spirits, your protectors
We are saying that we are here
Who has asked for the twin spirits?
Give us what you have prepared for us

Laguerre, 1980 (p.60)

The twins arrived and no food was available, and they are asking for food.

Hispanics :

The Hispanics ancestral heritage includes Spanish, African Blacks and a variety of Indian tribes. Through the process of assimilation and acculturation, various types of cultures were produced. Diversity and similarities in social structures, cultural values, and customs prevail. Spain invaded and colonized Mexico, Cuba and South and Central America. The Spanish intermarried or cohabited with the Indians in the countries they colonized. The Spaniards, slave traders, transported Black Africans from Africa to North America, Central America, South America, Puerto Rico and Cuba. The Black Africans also intermarried or cohabited with the Spanish and Indians. The mixture of these races was named mulattoes. Many Hispanics take pride in tracing their ancestry to "pure" Spanish or Indian. American culture may have contributed to others being embarrassed of their Black and/or Indiah heritage. Orque, Black and Monroy (1983) confirms, "Many Raza/Latina persons pride themselves on being able to trace their ancestry to "pure" Spanish or Indian (p. 118). Persons with mixed ancestry or lineage do not always pride themselves in being mulattoes or mestizos (mixture of Spanish and Indian races). Many Mexican Americans have denied being of Mexican descent.

Hispanics practice a Judaeo Christian religion, Catholicism, inherited from their Spanish ancestors. Catholicism is a hierarchical order of God (supernatural), man and nature (environment). Man supplicates or prays to God for assistance or a favor. Approximately ninety percent of Hispanics are Catholics. Many believe that God determines man's state of wellness or illness. Some offer prayers, pledges, constumes (wearing of clothing or parts of clothing associated with saints).

The tricultural (Spanish, Black, Indian) experiences of many Hispanics contribute to a variety of responses to illness. Most Hispanics accept the orthodox health system and utilize it according to their specific subcultural beliefs and folk systems. Folk remedies are usually applied first. Then a healer may be consulted, and if results are not obtained, the orthodox professional medical system is usually utilized.

Diseases are attributed to various sources. Bullough and Bullough (1982) refer to Margaret Clark's classification of disease sources:

1. Diseases of hot and cold imbalance
2. Dislocations of internal organs
3. Illnesses of magical and/or supernatural origin
4. Illnesses of emotional origin (p. 84)

The hot and cold theory is inherited from the Hispanic's Spanish ancestors. Orque, Bloch and Monroy (1983) describe the contemporary belief of the hot and cold theory as a simplified form of the Greek humoral pathology which was elaborated on by the Arabs, brought to Spain during the period of the Moslem rule and transmitted to America at the time of the Spanish conquest. According to this classical pathology, the body is regulated by four humors, or fluids, each of which is classified by a combination of hot or cold with wetness or dryness (blood-hot and wet; yellow bile-hot and dry; phlegm-cold with wetness or dryness). These humors must be properly

balanced to maintain health and prevent illness (p. 125).

There are a wide variety of folk practitioners who relate to the hot and cold theory, supernatural or magical causes of diseases. The Mexican folk practitioner is called curandero, while the Puerto Rican and Cuban folk practitioner is referred to as espiritismo.

Cubans also utilize santeros, practitioners of Santeria. Scott (1979) states "Santeria is a syncretic product of African beliefs and Catholic practices. The santero takes no moral position, as does the espiritasta. He works solely in behalf of his client. His activity can be beneficial, of no import, or harmful to others (p. 63). Other Hispanics also utilize espirualistas (Spiritualist or Curandero). They may be male or female. They will not ask for pay unless a cure has occurred. They will usually refuse clients who they believe they cannot cure. They do not want to get a reputation as a failure. Cuban espiritualists are believed to be more powerful than other other Hispanic sub-cultural espiritualistas.

Beliefs about religion and cultural values of an ethnic group will determine or influence their attitudes and behaviour about health. Cultural awareness through knowledge is an implicit requisite for facilitating change in human systems. Culture as a learned and transmitted process influences how people respond to stresses such as illnesses and other familial problems. Leininger (1978) concludes that culture is the blueprint for human behavior and can be a significant determinant of human thought and action (p. 85).

Change Theories, Concepts and Principles:

How does one effect change in human systems? What strategies and procedures does one apply in attempting to bring about change in human systems? Under what conditions will people change one behavior for another? How does the relationship of ethnicity, social class and health care effect change in human systems? Culture, values, attitudes, customs and dispositions are learned behaviors transmitted from one generation to another. The individual internalizes the norms of his cultural group to which he belongs. This process is a composite association of family, religion, age group, sex group, ethnic group, racial group, etc., which in a unique way contributes to the socialization of the person. This socialization as a value system must change if adaptation and internalization of new norms are to occur. Change can be facilitated through the process of education.

The change process, as defined by Ronald Lippitt and cited by Bennis, Benne and Chin (1985) assert that change must be a conscious, deliberate and collaborative effort to improve the operations of a human system, whether it be a self system, social system, or cultural system through the utilization of valid knowledge (p. 94). Knowledge is the most important element of change. The change agent must have an adequate knowledge of the technology of education, human behavior, and the implications of cultural, societal and environmental influences on the human system.

Strategies for Effecting Change :

Chin and Benne discuss three types of strategies for effecting change in human systems; empirical-rational, normative re-educative, and power-coercive. These approaches are processes utilized for the transmission

of knowledge to facilitate change in the behavior of individuals, groups, communities and societies.

The theoretical concept underlying empirical-rational strategies are the ability of man to be logical, and able to reason and utilize this ability for his self-interest or improvement. Man will respond to change that is desirable, effective and of self-interest to the individual, group, community or society. Chin and Benne (1985) state that because the person or group is assumed to be rational and moved by self-interest, it is assumed that he (or they) will adopt the proposed change if it can be rationally justified, and if it can be shown by the proposer (s) that he (or they) will gain by the change (p. 23).

Empirical-rational strategies are: (1) Basic research and dissemination of knowledge through general education, (2) personnel selection and replacement, the right person (knowledgeable skills for the job position) for the right job, (3) system analysts as staff and consultants, organization of personnel for optimum work production by management experts, (4) applied research and linkage systems for diffusion of research results, such as cooperation between land grant colleges or universities and state agricultural extension systems (5) utopian thinking as a strategy of changing, diagnosing and planning intervention strategies for the present in order to pattern or shape future conditions and (6) perceptual and conceptual reorganization through the clarification of language, improvement in communication and reasoning will produce positive societal behavioral changes.

Another group of strategies for effecting change are the power-coercive approaches. They are: (1) strategies of nonviolence, examples being Martin Luther King and Mahatma Gandhi, (2) use of political institutions to achieve

change, such as school desegration in the United States by the judicial system, and (3) changing through the recomposition and manipulation of power by dominant cultures in a society. These strategies place emphasis on the application of political and economic power, the coercing of individuals, groups or communities to change. Political and economic powers are legitimatized by the judicial system, or other authority.

Normative re-educative strategies are also processes for effecting change in human systems. The focal point of this strategy is the commitment to, and internalization of, sociocultural norms on the part of individuals. Since sociocultural norms, attitudes and value systems are learned patterns of behavior, change will occur only when the individual commits himself to, and adapts to, new norms of behavior. This involves changes in attitudes, value systems, competence and interpersonal relationships. Chin and Benne (1985) concur, "Changes in normative orientations involve changes in attitudes, values, skills, and significant relationships, not just changes in knowledge, information or intellectual rationales for action and practice" (p. 23).

The first normative re-educative strategy is improving the problem solving capabilities of a system. This process involves identification of the problem by the individual group or community who are effected by the problem. This is accomplished by assessing the problem, collection of data, investigation or examination of elements of the problem in order to diagnose or determine the nature of the problem. The second phase is to develop plans and behavioral goals or objectives for eliminating problems. The third phase is the execution phase, the execution of the plan to eliminate the problem. The fourth phase is the evaluation of the behavioral goals or objectives to determine if the problem has been resolved.

The fifth phase is the feedback of information about the success or failure of the problem solving techniques for further assessment or improvement in the problem solving process. In the nursing discipline, this is termed: The Nursing Process.

The second normative re-educative strategy is releasing and fostering growth in the persons who make up the system to be changed. If basic and intrinsic life-sustaining physical and psychological needs of the individual are not met, then maximum physical and psychological growth will be altered because, according to Adler, Maslow and others, there is a hierarchical order of human needs. They are self-preservation and reproduction(food, shelter, sleep, sex), love and belonging (family, close friends), self-esteem (adaquecy, worth, usefullness) and self-actualization (positive and self-fulfilling experiences). The social organization of the individual's defense mechanisms will be altered or effected because they are also biologically determined according to Freud. Basic, fundamental defense mechanisms develop first. Then higher defense mechanisms develop or build on lower mechanisms. They are developed in accordance with the manner in which physical and psychological needs of the individual are met from birth until death. Defense mechanisms influence the way in which norms are internalized by the individual, inhibiting or producing personal growth. Removal of personal obstacles to growth through the re-education and new experiences will facilitate a commitment to continued lifelong personal growth.

The focal point of differences between the three strategies, empirical-rational, normative re-educative, and the power coercive approach, is motivation of the individual or groups to be changed. The motivation in the empirical-rational group is focused on a group of people who propose a change for another group of people on the assumption that man is rational and will desire change if it is beneficial for him and in his self interest to

do so. The motivation in the power coercive group is focused on the dominant culture or class in the hegemony coercing the dominated group to change through guilt or legal means. The motivation in the normative re-educative group is focused on the individual or groups to be changed. Patterns of behavior are supported by sociocultural norms, and a commitment by the individual and groups to be changed to these norms. Implicit in normative re-educative strategies is the knowledge base of the re-educators. Changes in the cultural environment in which the client functions must also be changed. Significant others should be included and committed to the change process. The training techniques should induce perceptual changes within the client, both social and self-perception. Interpersonal relationships should be trusting, open and honest. Stereotyping of cultures, people, values, customs and socio-economic class is to be avoided. Awareness of espoused action and action in use of both the re-educators and the clients should occur. Open communication, willingness to face problems, involvement with solutions and a willingness to furnish data to facilitate inquiries are necessary on the part of the client, if the normative re-educative process is to occur. The client must be committed to the re-educative process.

Theories of "Action", an evaluative tool for norms of behavior, determine if the desired normative re-educative strategies have been achieved. Predictable results of norms and behavior can be tested for effectiveness. Theories of action relate to theories of practice. Argyris and Schon (1941) explain that a practice is a sequence of actions undertaken by a person to serve others, who are considered clients. Each action in the sequence of actions repeats some aspects of other actions in the sequence, but each action is in some way unique (p. 6). Theories of practice consist of activities determined to

bring about a change or intervention in a given situation. The results of the intervention can be measured and tested for its effectiveness by the utilization of theories of action. Consulting and teaching may be utilized as tools to enhance effectiveness of the normative re-educative process. The success or failure of the teaching or consulting experience can be evaluated by the application of Theories of Action.

Theories of Action consist of theories-in-use and espoused theories of action. Theories-in-use govern the action or behavior of the consultant or teacher. Observation of their behavior by others determine the constructs of their theory-in-use. Espoused theories of action are actions to which the individual states that he or she is performing. The individual's theory-in-use may not conform with his or her espoused theory.

Evaluating or testing the educator's theories of action in practice during the normative re-educative process can be accomplished by critiquing the relationship between theories-in-use and espoused theories. Their structure, role, status (tacit knowledge) behavioral interaction with their environment, and norms that apply to them must be considered when evaluating theories of action. Criteria to be considered when evaluating theories of action are: internal consistency, congruence, testability of governing variables, effectiveness and values, or norms created, according to Argyris and Schon (1974, p. 20).

Internal consistency is the absence of self contradiction. Consistency between the governing variables, behavioral goals or objectives related to beliefs about self and others should be evident. Argyris and Schon (1974) assert that congruence is one's espoused theory matching his theory-in-use, that is, that one's behavior fits his espoused theory of action. A theory-

in-use is effective when action according to the theory tends to achieve its governing variables (pp. 20-24). Testing evaluates if the action produces its predicted results. Theories of action are testable if one can specify the situation, the desired result, and the action through which the result is to be achieved (Argyris and Schon, 1974, p. 25). Values or norms created are evaluated in terms of their effect on self and others. Customs, culture, values and societal interaction influence the effectiveness of new norms created. Effectiveness may be long or short termed. If theories-in-use are proved ineffective, the practitioner should review the governing variables or behavioral objectives for internal consistency, congruence, effectiveness and testability.

The constancy of a theory of action is determined by its practical application of its governing variables. Constancy of a theory-in-use promotes learning and internalization of tacit and explicit knowledge. If governing variables and theories-in-use are in conflict, then theories-in-use will prove ineffective, and must be changed.

Theories-in-use are centered around governing variables, action strategies or assumptions. Cultural, societal and educational factors influence the individual or group's theory-in-use. Two types of behavioral learning experiences are affirmed by Argyris and Schon. They are double and single loop learning, methods used to adopt new action to strategies to governing variables for learning new experiences.

In single-loop learning, the individual utilizes defense mechanisms to suppress conflict arising from attempts to satisfy the governing variables. Single loop learning increases defensiveness in interpersonal relationships. Feedback for change and modification of behavior is suppressed. Need for

change is concealed and defensive tactics of deception are supported or rewarded. The focus or assumptions of the governing variables are centered around conformity, control of others by designing objectives or goals for their behavior. Single loop learning is task-oriented, and emphasizes winning, not trying harder. Public testing of single-loop theories-in-use would violate the governing variables of the leader or administrative group. Public testing of assumptions is not encouraged because the governing variables are to be preserved, and feedback for change is not encouraged or adhered to. Single loop learning generates little freedom of choce. Individuals involved are self-serving, looking out for self in order to survive. Effectiveness is decreased, learning is decreased.

Double loop learning increases learning and effectiveness. Learning occurs because of change in the governing variable of the individual's theory-in-use. Double loop learning is not self oriented or serving. Congruence and consistency of espoused theory and theories-in-use are publically tested for effectiveness. The focus of the governing variables are centered around: (1) valid, factual information that includes directly observable data, and correct reports and synthesis of experiences that will guide others to provide directly observable data. Correct reports will enhance others to make valid interpretations about collected data, (2) encouragement of free and informed choices based on pertinent information. Freedom of choice of governing variables enhances commitment to the variables, and (3) internal commitment to decisions made. This enhances the individual's internalization of norms he has chosen.

Factual information enhances the individual's ability to make intelligent informed choices and fosters internal commitment to his or her choices. This increases psychological success which reduces self serving or the self sealing

process. Feedback for change or different implementation of governing variables is practiced without fear of reprisal. Feedback produces valid information and effectiveness is increased. Public testing is welcomed and practiced in order to produce factual feedback.

In double loop learning, action strategies are chosen by the participants and the leader. The leader may facilitate the defining of individual goals, conduct of the goals and support accomplishment of the goals. The individual relates the goals to his needs. Freedom of choice and internal commitment to choices are relevant in double loop learning. The leader and participants are interdependent to every interaction that occurs. Protection of self and others is a joint operation. Factual, valid, observable information is utilized. The facilitator encourages independent interpretations that do not depend on his definitions. This enables the leader and participants to interpret inconsistencies in the governing variables of their theories-in-use, and incongruities between theories-in-use and espoused theories. This process initiates inquiry and learning. Defensiveness in interpersonal relationships decreases. People help others, discussions are more open, reciprocal and exploratory. Norms internalized will promote growth and double loop learning, that is, learning that involves changes in the governing variable of the individual's theory-in-use. Double loop learning encourages public testing of theories-in-use, and tends not to be self sealing, but is inclined to be open to potential change in behavior that may result from testing.

Argyris and Schon (1974) conclude that learning cycles are likely to be set in motion as individuals come to feel more psychological success and likelihood of mutual confirmation of goals and objectives. They are also likely to manifest higher levels of self awareness and accepance. As groups

manifest higher degrees of openness, experimentation, and emphasis on individuality, individuals feel freer to provide valid information that will tend, in turn, to enhance the group's characteristics. As individuals feel higher degrees of freedom of choice, trust and authenticity, they are more likely to test their assumptions publicly, which is, in turn, likely to enable others to feel higher degrees of freedom of choice, trust and authenticity, all of which makes everyone more willing to give valid information that enables individuals to test their assumptions (pp. 91-92).

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